

# Illinois National Guard, Family Readiness Program Awards Nomination Form

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**Nominee:** Please specify if nominee is: (Check one)

- ☐ Individual
- ☐ Group
- ☐ Family

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Army Guard Unit:** \_\_\_\_\_

**Air Guard Wing:** \_\_\_\_\_

**Award Recommended:**

- ☐ Elizabeth Armstrong Award
- ☐ Family of the Year Award
- ☐ Unit of the Year Award
- ☐ Wing of the Year Award
- ☐ Youth of the Year Award
- ☐ Minuteman Pin
- ☐ Illinois Plaque
- ☐ State Program Pin
- ☐ Certificate of Appreciation and: (Check One Below)
  - ☐ Certificate of Appreciation
  - ☐ "I Am The Guard"
  - ☐ "We Are The Guard"
  - ☐ "I Am A Guard Wife"
  - ☐ Creed Poster

**Category:** (Check One) Although some nominations may fit into more than one category, please choose the one you feel is most appropriate:

- |  |  |
|--|--|
| <input type="checkbox"/> Arts and Humanities   | <input type="checkbox"/> Unit Readiness/Mobilization |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Environment                 |
| <input type="checkbox"/> Employer Support      | <input type="checkbox"/> Assistance to Families      |
| <input type="checkbox"/> Unit Wellness         |  |



**Nominator:**

**Name:** \_\_\_\_\_

**Address:**\_\_\_\_\_

**Phone Number:**

**Title and Organization (if applicable):**

**Recommendation:** Justification for Award. Summarize highlighting why individual or family should receive this award. If additional space is needed, please attach extra pages to this form.

[illegible]

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**Final Disposition: Completed by State Family Readiness Coordinator Only**

**Approved/Disapproved and Date:** \_\_\_\_\_

Medal/Certificate Number (if applicable): \_\_\_\_\_